

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-375)						SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">10/070346</div>	FILING DATE				
APPLICANT(S)											
<b>CLAIMS</b>											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
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